

**SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL (RE-CREDENTIALING)
EMERGENCY MEDICINE & TRAUMA SERVICES BAGI PENGAJAR DAN
CLINICAL INSTRUCTOR**

Sila tandakan ✓ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan ✓
1.	Borang permohonan baru APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE Rcred 1- (2018) diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangani oleh:- a. Hospital berpakar: Ketua Jabatan Kecemasan & Trauma. b. Hospital tanpa pakar: Pakar Perunding Lawatan Klinik Perubatan Kecemasan	☐
2.	Salinan Sijil Perlu Disahkan Oleh Ketua Pengajar:-	
	2.1 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate</i> (APC) Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	2.2 Sijil <i>Credentialing</i> yang bakal tamat tempoh.	☐
	2.3 Sijil Pos Basik AEMTC /ADEC	☐

Nota : *Borang permohonan bagi Memperbaharui Sijil Credentialing mesti dipohon dan dihantar 6 (enam) bulan sebelum tarikh tamat tempoh Sijil Credentialing.
**Sijil Credentialing tamat tempoh melebihi 1 tahun perlu membuat permohonan baru.

Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM:
www.moh.gov.my.– Credentialing Assistant Medical Officer & Nurses

Alamat untuk menghantar Borang Permohonan :

1) PENOLONG PEGAWAI PERUBATAN

KETUA PENOLONG PEGAWAI PERUBATAN
CAW. PERKHIDMATAN PENOLONG PEGAWAI PERUBATAN
BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 6, BLOK E1, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA
Tel : 03 8883 1370
Faks : 03 8883 1490

2) JURURAWAT

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAANPERSEKUTUAN
62590 PUTRAJAYA
Tel : 03 8883 3543/3544
Faks : 03 8890 4149

Disemak oleh:

No. Tel :

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital :

Name of Applicant:

Identity Card No :

Position :

Tel. Number : Office: Mobile:

Email Address :

Area of recredentialing applied for (*tick in the appropriate box*) :

- | | |
|--|--|
| ☐ Perioperative | ☐ Orthopaedic Services |
| ☐ Ophthalmology | ☐ Endoscopy Services |
| ☐ Emergency Medicine & Trauma Services | ☐ Cardiovascular Perfusion |
| ☐ Intensive Care Nursing | ☐ Peri-Anaesthesia Care (P.A.C) |
| ☐ Dialysis Care: | ☐ Diagnostic Radiography |
| ☐ Haemodialysis | ☐ Radiation Therapy |
| ☐ Peritoneal Dialysis | ☐ Physiotherapy |
| ☐ Anaesthesiology & Intensive Care Services | ☐ Occupational Therapy |
| ☐ Anaesthesia | ☐ Dental Technology |
| ☐ Peri-anaesthesia | ☐ Optometry |
| ☐ Intensive Care | ☐ Dietetic |
| ☐ General Paediatric Nursing | ☐ Speech Language Therapy |
| ☐ Neonatal Nursing | ☐ Audiology |
| ☐ Pre Hospital Care Services | |

Presently Credentialed from till

Present Credentialing Certificate No.:

Current APC No.:

PLACE OF WORK SINCE OBTAINING CREDENTIALING CERTIFICATE

Please use additional sheets for extra space

Hospital	Place of work	Duration (From – Till)

DECLARATION

I request to renew my credentialing certificate in the above area for a period of 3 years.
I hereby declare the information given is correct.

Date: Applicant's Signature.....

**RECOMMENDATION BY HEAD OF DEPARTMENT EMERGENCY & TRAUMA @ VISITING
EMERGENCY PHYSICIAN**

I certify that the above information is correct and this application is:

☐ recommended

☐ not recommended.

.....
Signature

Date :

Official stamp :

DECISION OF SPECIALTY SUB-COMMITTEE (SSC)

This application is ☐ Approved ☐ Deferred* ☐ Rejected*

*Reasons:

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.....

Signature

Date

The above decision will be forwarded to the National Credentialing Committee (NCC) meeting for endorsement.